

**MICHIGAN DEPARTMENT OF CIVIL SERVICE
JOB SPECIFICATION**

MEDICAL CLAIMS ANALYST

JOB DESCRIPTION

Employees in this job complete and oversee a variety of professional assignments to review, evaluate, authorize and monitor services provided and received under workers' compensation claims. Employees implement and apply medical cost containment procedures and guidelines to providers of medical care and utilization practices.

There are four classifications in this job.

Position Code Title – Medical Claims Analyst-E

Medical Claims Analyst 9

This is the entry level. As a trainee, the employee carries out a range of professional medical claims analyst assignments while learning the methods of the work.

Medical Claims Analyst 10

This is the intermediate level. The employee performs an expanding range of professional medical claims analyst assignments in a developing capacity.

Medical Claims Analyst P11

This is the experienced level. The employee performs a full range of professional medical claims analyst assignments in a full functioning capacity. Considerable independent judgement is used to make decisions in carrying out assignments that have significant impact on services or programs. Guidelines may be available, but require adaptation or interpretation to determine appropriate courses of action.

Position Code Title – Medical Claims Analyst-A

Medical Claims Analyst 12

The employee may function as a lead worker or senior worker. At this level, employees are responsible for overseeing the work assignments of other professionals or have regular assignments, which have been recognized by Civil Service as having significantly greater complexity than those assigned at the experienced level in the series.

NOTE: Employees generally progress through this series to the experienced-level based on satisfactory performance and possession of the required experience.

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JOB DUTIES

NOTE: The job duties listed are typical examples of the work performed by positions in this job classification. Not all duties assigned to every position are included, nor is it expected that all positions will be assigned every duty.

Reviews all medical/surgical billings for reasonable and necessary charges. Examines coding of operative reports, procedures, and multiple and complicated surgeries.

Performs hospital length of stay reviews to determine reasonable and necessary care, and appropriateness of stay. Recommends appropriate payments of dispute of billing, as necessary.

Provides second review of bills on which providers question the appropriateness of payments authorized.

Evaluates claims referred for medical management and makes recommendations for follow-up, further investigation or documentation as necessary.

Interprets Workers' Disability Compensation Act to individual claimants and confers with legal staff where appropriate to establish agency position.

Responds to questions, telephone calls, and letters regarding the company's cost containment program, utilization review decisions, and reductions.

Trains and assists claims staff on quality health care cost containment and utilization reviews.

Assists and advises claims examiners concerning the monitoring of claimants' medical treatments.

Establishes channels of communications with providers to familiarize them with agency guidelines.

Attends mediations and other hearings to inform and defend the cost containment procedures, guidelines and decisions rendered.

Maintains records and prepares reports and correspondence related to the work.

May perform related essential functions appropriate to the class and other non-essential functions as required.

Medical Claims Analyst 12 (Lead Worker)

Oversees the work of professional staff by making and reviewing work assignments, establishing priorities, coordinating activities, and resolving related work problems.

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Medical Claims Analyst 12 (Senior Worker)

Performs on a regular basis professional medical claims analyst assignments, which are recognized by Civil Service as more complex than those assigned at the experienced level.

JOB QUALIFICATIONS

Knowledge, Skills, and Abilities

NOTE: Some knowledge in the area listed is required at the entry level, developing knowledge is necessary at the intermediate level, considerable knowledge is required at the experienced level, and thorough knowledge is required at the advanced level.

Knowledge of automated utilization review and data analysis systems.

Knowledge of health care standards appropriate to specific claim.

Knowledge of statistics and quantitative analysis methods.

Knowledge of medical, pharmaceutical, and other health services, practices, and terminology.

Knowledge of medical reimbursement policies, procedures and standards.

Knowledge of health care billing standards and procedures.

Knowledge of the Workers' Disability Compensation Act.

Ability to analyze health services utilization data.

Ability to analyze and resolve health services claims and related problems.

Ability to conduct interviews with health care professionals, technicians, and/or recipients.

Ability to understand and apply complex policies, procedures and legal statutes.

Ability to maintain records, and prepare reports and correspondence related to the work.

Knowledge of data analysis methods.

Ability to write reports using health care and medical terminology.

Ability to maintain confidentiality of information.

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Ability to communicate effectively with others.

Ability to maintain favorable public relations.

Additional Knowledge, Skills, and Abilities

Medical Claims Analyst 12 (Lead Worker)

Ability to organize and coordinate the work of others.

Ability to set priorities and assign work to other professionals.

Working Conditions

None.

Physical Requirements

None.

Education

Possession of a bachelor's degree in nursing, physician assistant, or pharmacy.

Experience

Medical Claims Analyst 9

No specific amount or type is required.

Medical Claims Analyst 10

One year of professional experience in reviewing, authorizing and monitoring medical services equivalent to a Medical Claims Analyst in state service.

Medical Claims Analyst P11

Two years of professional experience in reviewing, authorizing and monitoring medical services equivalent to a Medical Claims Analyst in state service, including one year equivalent to a Medical Claims Analyst 10.

Medical Claims Analyst 12

Three years of professional experience in reviewing, authorizing and monitoring medical services including one year equivalent to a Medical Claims Analyst P11 in state service.

Special Requirements, Licenses, and Certifications

None.

NOTE: Equivalent combinations of education and experience that provide the required knowledge, skills, and abilities will be evaluated on an individual basis.

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JOB CODE, POSITION TITLES AND CODES, AND COMPENSATION INFORMATION

Job Code

MEDCLMALT

Job Code Description

Medical Claims Analyst-

Position Title

Medical Claims Analyst-E

Medical Claims Analyst-A

Position Code

MEDCLALE

MEDCLALA

Pay Schedule

NERE-174

NERE-180

ECP Group 2
Revised 7/9/2001
NXN/VLWT/EF